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505.001: Introduction

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements.

(A) The MassHealth coverage types are the following:

- (1) Standard – for ~~families~~, pregnant women, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, and women individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- ~~(2) Prenatal – for pregnant women;~~
- ~~(3) CommonHealth – for disabled adults, disabled young adults and disabled children who are not eligible for MassHealth Standard;~~
- ~~(3) CarePlus – for adults aged 21 through 64 who are not eligible for MassHealth Standard;~~
- (4) Family Assistance – for children, young adults, ~~certain employed adults~~, and persons who are HIV positive who are not eligible for MassHealth Standard, ~~or CommonHealth; or CarePlus;~~
- ~~(5) Small Business Employee Premium Assistance – for adults or young adults who~~
  - ~~(i) work for small employers;~~
  - ~~(ii) are not eligible for MassHealth Standard, CommonHealth, Family Assistance or CarePlus;~~
  - ~~(iii) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and~~
  - ~~(iv) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;:~~
- ~~(5) Basic – for the long-term unemployed who have income at or below 100 percent of the federal poverty level, and who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to MassHealth, or for individuals or members of a couple who receive EAEDC cash assistance;~~
- ~~(6) Essential – for the long-term unemployed and for disabled long-term unemployed aliens with special status who have income at or below 100 percent of the federal poverty level and are not eligible for MassHealth Basic; and~~
- ~~(7) Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOL, and undocumented aliens noncitizens as described in 130 CMR 504.003: Immigrants and aliens with special status; and~~
- ~~(8) Senior Buy-In and Buy-In – for certain Medicare beneficiaries.~~

(B) The financial standards referred to in 130 CMR 505.000 et seq. ~~depend on the use family~~

~~group-size~~ MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, which may be composed of an individual, couple, or family, as defined in 130 CMR 501.001-506.002: *Household Composition*.

505.002: MassHealth Standard

(A) Overview.

(1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving ~~families, children under 19, young adults, parents, caretaker relatives,~~ pregnant women, disabled individuals, ~~parents and caretaker relatives described in 130 CMR 519.005(C)(1), and women~~ certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F).

~~(2) Persons eligible for Standard coverage are eligible for medical benefits as described in 130 CMR 450.105(A) and 130 CMR 508.000.~~

~~(2)~~ Persons who receive Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA) are eligible for MassHealth Standard.

~~(3)~~ Persons who receive Transitional Aid to Families with Dependent Children (TAFDC) cash assistance from the Department of Transitional Assistance (DTA) are eligible for MassHealth Standard.

~~(3)(4)~~ Children, young adults, and parents and caretaker relatives who receive Emergency Aid to the Elderly, Disabled and Children (EAEDC) cash assistance are eligible for MassHealth Standard if they meet the citizenship and immigration requirements described at 130 CMR 504.002: *U.S. Citizen* and 504.003(A)(1): *Qualified Aliens*; (2): *Qualified Aliens Barred*, and (3): *Immigrants Lawfully Present*.

~~(4)(5)~~ Persons who do not otherwise meet the requirements of 130 CMR 505.002, but who meet the AFDC rules that were in effect on July 16, 1996, are eligible for MassHealth Standard.

~~(5)(6)~~ Persons eligible for MassHealth Standard coverage are eligible for medical benefits as described at 130 CMR 450.105(A): *MassHealth Standard* and 508.000: *Health Care Reform: MassHealth: Managed Care Requirements*.

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COVERAGE TYPESRev. DR06/01/04Chapter 505  
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~~(1) Members of a family group whose cash assistance terminates continue to receive four months of MassHealth Standard coverage beginning in the month the family group became ineligible if they are:~~

~~(a) terminated from EAEDC, except for those described in 130 CMR 505.007(E), or TAFDC and are determined to be potentially eligible for MassHealth; or~~

~~(b) terminated from TAFDC because of receipt of or an increase in spousal or child support payments.~~

~~(2) Members of a family group who become ineligible for TAFDC for employment related reasons continue to receive MassHealth Standard for a full 12 calendar month period beginning with the date on which they became ineligible for TAFDC if:~~

~~(a) the family group continues to include a child who is under age 19, or if he or she has reached age 19, is expected to complete his or her secondary level studies before his or her 20th birthday;~~

~~(b) a parent or caretaker relative continues to be employed; and~~

~~(c) the parent or caretaker relative complies with 130 CMR 505.002(I) and 507.003.~~

~~(3) Members of a family group who receive MassHealth Standard (whether or not they receive TAFDC) and have increased earnings that raise the family group's gross income above 133 percent of the federal poverty level, continue to receive MassHealth Standard for a full 12 calendar month period that begins with the date on which the increase occurred if:~~

~~(a) the family group continues to include a child who is under age 19;~~

~~(b) a parent or caretaker relative continues to be employed; and~~

~~(c) the parent or caretaker relative complies with 130 CMR 505.002(I) and 507.003.~~

~~(4) MassHealth independently reviews the continued eligibility of the family group at the end of the extended period described in 130 CMR 505.002(B)(1), (2), and (3).~~

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~~(5) If a family group who receives MassHealth under 130 CMR 505.002(B)(1) or (2) had income at or below 133 percent of the federal poverty level during their extended period, and now has increased earnings that raise the family group's gross income above that limit, the family group is eligible for another full 12 calendar month period that begins with the date on which the increase occurred if~~

~~(a) the family group continues to include a child who is under age 19;~~

~~(b) a parent or caretaker relative continues to be employed; and~~

~~(c) the parent or caretaker relative complies with 130 CMR 505.002(I) and 507.003.~~

~~(6) If a family group's gross income decreases to 133 percent of the federal poverty level or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the family group's eligibility for MassHealth Standard may be redetermined. If the family group's gross income later increases above 133 percent of the federal poverty level, the family group is eligible for a new extended eligibility period.~~

~~(EB) Eligibility Requirements for Children and Young Adults—.~~ Children and young adults may establish eligibility for Standard coverage subject to the requirements described in 130 CMR 505.002(EB).

(1) Children Under Age One.

(a) A child under age one born to a woman who was not receiving MassHealth Standard on the date of the child's birth is eligible if

~~(1) the modified adjusted gross income of the ~~family group~~ MassHealth MAGI household is less than or equal to 200 percent of the federal-poverty level (FPL);~~  
~~and~~

~~(2) the child is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A).~~

(b) A child born to a woman who was receiving MassHealth on the date of the child's birth is automatically eligible for one year and is exempt from the requirement to provide verification of citizenship and identity.

(c) A child receiving MassHealth Standard who receives inpatient services on the date of his or her first birthday remains eligible until the end of the stay for which the inpatient services are furnished.

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(2) Children Aged One through 18.

(a) A child aged one through 18 is eligible if

(1) the modified adjusted gross income of the family group MassHealth MAGI household is less than or equal to 150 percent of the federal-poverty level; and(2) the child is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A).~~—(b) A child receiving MassHealth Standard who receives inpatient services on the date of his or her 19th birthday remains eligible until the end of the stay for which the inpatient services are furnished.~~(e**b**) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(**ED**).~~(3) Presumptive Eligibility Requirements. The MassHealth agency may determine a child presumptively eligible to receive MassHealth Standard coverage in accordance with the requirements of 130 CMR 502.003 if the self-declared gross income of the family group meets the applicable income standards for children under age 19 as described in 130 CMR 505.002(C)(1) and (2).~~~~(3) Young Adults.~~~~—(a) A young adult is eligible if~~~~—(1) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150 percent of the federal poverty level (FPL); and~~~~—(2) the young adult is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A).~~~~—(b) A young adult receiving MassHealth Standard who receives inpatient services on the date of his or her 21<sup>st</sup> birthday remains eligible until the end of the stay for which the inpatient services are furnished.~~~~—(c) Eligibility for a young adult who is pregnant is determined under 130 CMR 505.002(D).~~~~(D**C**) Eligibility Requirements for Parents and Caretaker Relatives.~~(1) A ~~natural, step, or adoptive~~ parent or caretaker relative of a child under age 19 is eligible for MassHealth Standard coverage if:(a) the ~~family group gross income~~ modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133 percent of the federal poverty level (FPL); and(b) the individual is a citizen as described at 130 CMR 504.002: *U.S. Citizens* or a qualified alien as described in 130 CMR 504.003(A)(1): *Qualified Aliens*; and~~(b**c**)~~ (i) the parent lives with his or her children, and, in the case of a parent who is separated or divorced, has custody of his or her children; or has children who are absent from home to attend school; or~~—(ii) the caretaker relative lives with children to whom he or she is related by blood, adoption, or marriage, or is a spouse or former spouse of one of those relatives, if neither parent lives in the home.~~~~(2) A caretaker relative is eligible for MassHealth Standard coverage if:~~

~~(a) the caretaker relative chooses to be part of the family group;~~

~~(b) the family group gross income is less than or equal to 133 percent of the federal poverty level; and~~

~~(c) the caretaker relative lives with children to whom he or she is related by blood, adoption, or marriage, or is a spouse or former spouse of one of those relatives, if neither parent lives in the home.~~

(~~3~~2) The parent or caretaker relative complies with 130 CMR 505.002(~~IM~~) and 507.003.

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(ED) Eligibility Requirements for Pregnant Women.

- (1) A pregnant woman is eligible if ~~whose family group gross income is less than or equal to 200 percent of the federal poverty level is eligible for MassHealth Standard coverage.~~  
     (a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200 percent of the federal poverty level (FPL); and  
     (b) the individual is a citizen as described in 130 CMR 504.002: U.S. Citizens, lawfully present immigrant, nonqualified PRUCOL, or an undocumented noncitizen as described in 130 CMR 504.003: Immigrants.
- (2) In determining the ~~family group~~ MassHealth MAGI household size, the unborn child or children are counted as if born and living with the mother.
- (~~23~~) Eligibility, once established, continues for the duration of the pregnancy. Eligibility for postpartum care continues for 60 days following the termination of the pregnancy plus an additional period extending to the end of the month in which the 60-day period ends.
- ~~(3) The MassHealth agency notifies pregnant women who are nonqualified aliens of their potential eligibility for the Healthy Start Program.~~

(FE) Disabled Individuals.

- ~~(1) Extended MassHealth Eligibility. Disabled persons whose SSI Disability assistance has been terminated, and who are determined to be potentially eligible for MassHealth, continue to receive MassHealth Standard coverage until the MassHealth agency makes a determination of ineligibility.~~
- (~~21~~) Disabled Adults—A disabled adult ~~under age 65-21 to 64~~ may establish eligibility is eligible for MassHealth Standard coverage if he or she meets the following requirements:
- (a) the individual is permanently and totally disabled as defined in 130 CMR 501.001 Definition of Terms;
- (b) the ~~modified adjusted family group~~ gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): MassHealth Disabled Adult Household Composition is less than or equal to 133 percent of the federal-poverty level (FPL), or the individual is eligible under section 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: Pickle Amendment Cases; ~~and~~  
     (c) the individual is a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified alien as described in 130 CMR 504.003(A)(1): Qualified Aliens; and  
     ~~(ed)~~ the individual complies with 130 CMR 505.002(~~IM~~) ~~and 507.003.~~



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~~(32)~~ Determination of Disability.—Disability is established by:

(a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);

(b) a determination of disability by the SSA; or

~~(c)~~ ~~(e)~~ a determination of disability by the MassHealth Disability Determination Unit (DDU).

(3) Extended MassHealth Eligibility. Disabled persons whose SSI disability assistance has been terminated and who are determined to be potentially eligible for MassHealth continue to receive MassHealth Standard until the MassHealth agency makes a determination of ineligibility.

~~(G) Medicare Premium Payment. MassHealth also pays the following on behalf of members who meet the requirements of 130 CMR 505.002(F) and 519.005(C). The coverage described in 130 CMR 505.002(G)(1), (2), and (3) begins on the first day of the month following the date of MassHealth's eligibility determination.~~

~~(1) The cost of the monthly Medicare Part B premiums;~~

~~(2) Where applicable, the cost of hospital insurance under Medicare Part A for members who are entitled to Medicare Part A; and~~

~~(3) Where applicable, for the deductibles and coinsurance under Medicare Parts A and B.~~

~~(HF)~~ Women Individuals with Breast or Cervical Cancer.

~~(1) Eligibility Requirements.—A woman whose application has been received through the Department of Public Health in accordance with 130 CMR 501.005 and who is under the age of 65 is eligible for MassHealth Standard provided she meets An individual with breast or cervical cancer is eligible for MassHealth Standard coverage if he or she meets all of the following requirements:—~~

~~(a) She is a United States citizen or qualified alien as described at 130 CMR 504.002(A) and (B). the individual is under age 65;~~

~~(b) She has provided a social security number in accordance with the requirements at 130 CMR 503.003.~~

~~(b) the individual has been certified by a physician She has been screened or has received diagnostic services through the Department of Public Health (DPH) Women's Health Network and found to be in need of treatment for breast or cervical cancer, including precancerous conditions;—~~

~~(c) She has family group income the modified adjusted gross income of the MassHealth MAGI less household is less than or equal to 250 percent of the federal poverty level (FPL) in accordance with DPH requirements as certified by DPH to MassHealth;~~

~~(d) the individual is a citizen as described in 130 CMR 504.002: U.S. Citizens- or a qualified alien as described in 130 CMR 504.003(A)(1): Qualified Aliens; and-~~

~~(e) She is uninsured as defined at 130 CMR 505.002(H)(2).~~

~~(f) She~~the individual does not otherwise meet the requirements for MassHealth Standard described at 130 CMR 505.002~~(C)(2), (D), (E) or (F)~~(B) through (E).

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(2) Availability of Health Insurance—

~~To receive benefits under the provisions of 130 CMR 505.002(H), a woman must:~~

(a) ~~be uninsured;~~ Individuals with breast or cervical cancer whose MassHealth MAGI household modified adjusted gross income is greater than 133 percent of the federal poverty level (FPL), but does not exceed 250 percent of the FPL, may receive benefits described at 130 CMR 505.002(F)(1) if they meet the following requirements:

(i) are uninsured; or

(ii) have insurance that does not provide creditable coverage. An individual is not considered to have creditable coverage when the individual is in a period of exclusion for treatment of breast and cervical cancer, has exhausted the lifetime limit on all benefits under the plan, including treatment for breast and cervical cancer, or has limited scope coverage or coverage only for specified illness; or

~~(b) have insurance that does not provide creditable coverage. A woman is not considered~~

~~to have creditable coverage when the woman:~~

~~(i) is in a period of exclusion for treatment of breast or cervical cancer;~~

~~(ii) has exhausted her lifetime limit on all benefits under her plan, including treatment for breast or cervical cancer; or~~

~~(iii) has limited scope coverage or coverage only for a specified disease; or~~

~~(eiii) be an~~ are American Indians or Alaska Natives who ~~is~~ are provided care through a medical care program of the Indian Health Service or of a tribal organization.

(b) Individuals with breast or cervical cancer whose MassHealth MAGI household modified adjusted gross income is at or below 133 percent of the FPL

(i) will undergo a health insurance investigation in regards to the health insurance the individual is enrolled in as described in 130 CMR 505.002(N)(1); or

(ii) will not undergo an access to employer-sponsored health insurance investigation as described in 130 CMR 505.002(M)(1)(b).

(3) Premiums—~~Women-Individuals~~ who meet the requirements of 130 CMR 505.002(~~HF~~) are assessed a

monthly premium in accordance with 130 CMR 506.011: MassHealth and the Children's Medical Security Plan (CMSP) Premiums.

(4) Duration of Eligibility—~~Women-Individuals~~ meeting the requirements of 130 CMR 505.002(~~HF~~) are eligible for MassHealth Standard for the duration of their cancer treatment.(G) Eligibility Requirements for Individuals Who Are HIV Positive.

(1) Eligibility Requirements. An individual who is HIV positive is eligible for MassHealth Standard coverage if

(a) the individual is under age 65;

(b) the individual has verified his or her HIV positive status by providing a letter from doctor, qualifying health clinic, laboratory, or AIDS service provider or organization. The letter must indicate the individual's name and his or her HIV-positive status;

- (c) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133 percent of the federal poverty level (FPL);
- (d) the individual is a citizen as described in 130 CMR 504.002: *U.S. Citizens* -or a qualified alien as described in 130 CMR 504.003(A)(1): *Qualified Aliens*; and
- (e) the individual does not meet the requirements for MassHealth Standard described at 130 CMR 505.002(B) through (E).

(2) Availability of Health Insurance. For individuals to receive benefits under 130 CMR 505.002(G) an individual

- (a) will undergo a health-insurance investigation in regards to the health insurance the individual is enrolled in as described in 130 CMR 505.002(N)(1); or
- (b) will not undergo an access to employee-sponsored health insurance investigation as described in 130 CMR 505.002(M)(1)(b).

(K) Eligibility Requirements for Former Foster-Care Individuals.

(1) An individual who was in the care and custody of the foster-care system and enrolled in Medicaid coverage on his or her 18<sup>th</sup> birthday, or later date of aging out, receives MassHealth Standard coverage until

(a) his or her 26<sup>th</sup> birthday if the individual is a citizen, as described at 130 CMR 504.002: *U.S. Citizens*, or qualified alien, as described at 130 CMR 504.003(A)(1): *Qualified Aliens*; or

(b) until his or her 21<sup>st</sup> birthday if the individual is a qualified alien barred, as described at 130 CMR 504.003(A)(2): *Qualified Aliens Barred*, or an immigrant lawfully present, as described at 130 CMR 504.003(A)(3): *Immigrants Lawfully Present*.

(2) An individual who was in the care and custody of the foster-care system on his or her 18<sup>th</sup> birthday and not enrolled in Medicaid coverage receives MassHealth Standard coverage until his or her 21<sup>st</sup> birthday if the individual is a citizen, as described at 130 CMR 504.002 *U.S. Citizens*, a qualified alien, as described at 130 CMR 504.003(A)(1): *Qualified Aliens*, a qualified alien barred, as described at 130 CMR 504.003(A)(2): *Qualified Aliens Barred*, or an immigrant lawfully present, as described at 130 CMR 504.003(A)(3): *Immigrants Lawfully Present*.

(I) Eligibility Requirements for Department of Mental Health (DMH) Members. An individual who receives services from the Department of Mental Health is eligible for MassHealth Standard if the individual

- (1) is under age 65;
- (2) has modified adjusted gross income of the MassHealth MAGI household of less than or equal to 133 percent of the federal poverty level;
- (3) is a citizen as described at CMR 504.002: *U.S. Citizens* or qualified alien as described at 130 CMR 504.003(A)(1): *Qualified Aliens*; and
- (4) is not otherwise eligible for MassHealth Standard.-

(J) Eligibility Requirements for Individuals who are Medically Frail. An individual who is medically frail is eligible for MassHealth Standard if the individual

- (1) is under age 65;
- (2) is medically frail as defined at 130 CMR 505.008(F);
- (3) has modified adjusted gross income of the MassHealth MAGI household of less than or equal to 133 percent of the federal poverty level;
- (4) is a citizen as described at 130 CMR 504.002: *U.S. Citizens* or qualified alien as described at 130 CMR 504.003(A)(1): *Qualified Aliens*; and
- (5) has been determined eligible for MassHealth CarePlus and has elected to receive MassHealth Standard benefits.

(K) Eligibility Requirements for Certain EAEDC Recipients.

(1) Eligibility Requirements. Individuals are eligible for Standard for certain EAEDC recipients if

(a) the individual is:

- (i) a child and is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A);
- (ii) the individual is a young adult and is a citizen as defined in 130 CMR

504.002: U.S. Citizens or a lawfully present immigrant as defined in 130 CMR 504.003(A);

(iii) the individual is a parent or caretaker relative and is a citizen as defined in 130 CMR 504.002: U.S. Citizens or a qualified alien as defined in 130 CMR 504.003(A)(1): Qualified Aliens;

(b) the individual receives EAEDC cash assistance; and

(c) the individual is uninsured.

(2) Eligibility End Date. Individuals whose EAEDC cash assistance terminates and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth Standard until a determination of ineligibility is made by MassHealth.

(BL) Extended Eligibility.

(1) Members of an EAEDC or TAFDC household whose cash assistance terminates continue to receive four months of MassHealth Standard coverage beginning in the month the household became ineligible if they are

(a) terminated from EAEDC or TAFDC and are determined to be potentially eligible for MassHealth; or

(b) terminated from TAFDC because of receipt of or an increase in spousal or child support payments.

(2) Members of a TAFDC household who become ineligible for TAFDC for employment-related reasons continue to receive MassHealth Standard for a full 12-calendar-month period beginning with the date on which they became ineligible for TAFDC if

(a) the household continues to include a child;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(3) Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC) and have increased earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133 percent of the federal-poverty level (FPL), continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the increase occurred if

(a) the MassHealth MAGI household continues to include a child;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(4) MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC, and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1), (2), and (3).

(5) If an individual in a MassHealth MAGI household who receives MassHealth under 130 CMR 505.002(L)(1) or (2) had income at or below 133 percent of the FPL during their extended period, and now has increased earnings that raise the MassHealth MAGI modified adjusted gross income above that limit, the MassHealth MAGI household is eligible for another full 12-calendar-month period that begins with the date on which the increase occurred if

(a) the MassHealth MAGI household continues to include a child;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(6) If a MassHealth MAGI household's modified adjusted gross income decreases to 133 percent of the FPL or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the MassHealth MAGI household's eligibility for MassHealth Standard may be redetermined. If the MassHealth MAGI household's gross income later increases above 133 percent of the FPL, the MassHealth MAGI household is eligible for a new extended eligibility period.

(IM) Use of Potential Health Insurance Benefits—. With the exception of ~~women~~ individuals described at

130 CMR 505.002(~~HF~~), applicants and members must use potential health insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than he or she would pay without access to health insurance, or if purchased by MassHealth in

accordance with ~~130 CMR 507.003 or~~ 130 CMR 505.002(GO) or 506.012: *Premium Assistance Payments*. Members must access other health-insurance benefits and must show their private health-insurance card and their MassHealth card to providers at the time services are provided.

(N) Access to Employer-Sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Standard.

(1) With the exception of individuals described at 130 CMR 505.002(F)(2)(a), MassHealth may perform an investigation to determine if individuals receiving MassHealth Standard

(a) have health insurance that MassHealth may help pay for; or

(b) have access to employer-sponsored health insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay, as described at 130 CMR 506.012: *Premium Assistance Payments*.

(2) During the investigation, the individual receives MassHealth Standard fee-for-service benefits for a time-limited period while MassHealth investigates the insurance.

(a) Investigations for Individuals Who Have Health Insurance.

(i) If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Standard Premium Assistance Payments as described at 130 CMR 506.012: *Premium Assistance Payments*.

(ii) If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth Standard.

(b) Investigations for Individuals Who Have Potential Access to Employer-Sponsored Health Insurance.

(i) If MassHealth determines the individual has access to employer-sponsored health insurance and the employer is contributing at least 50 per cent of the premium cost and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that they must enroll in this employer-sponsored coverage. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides MassHealth Standard Premium Assistance Payments as described in 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility for all individuals unless the individual is under age 21 or is pregnant.

(ii) If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth Standard.

(GO) Medicare Premium Payment. MassHealth also pays the following on behalf of members who meet the requirements of 130 CMR 505.002(F) and 519.005(C) : *Parents and Caretaker Relatives of Children Under Age 19*. The coverage described in 130 CMR 505.002(G)(1), (2), and (3) begins on the first day of the month following the date of MassHealth's eligibility determination.

(1) The cost of the monthly Medicare Part B premiums;

(2) Where applicable, the cost of hospital insurance under Medicare Part A for members who are entitled to Medicare Part A; and

(3) Where applicable, for the deductibles and coinsurance under Medicare Parts A and B.

(JP) Medical Coverage Date.

(1) The medical coverage date for MassHealth Standard begins on the 10th day before the date a Medical Benefit Request the application is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site, if all

required verifications, including a completed disability supplement, have been received within ~~6090~~ days of the date of the Request for Information.— ~~However, the medical coverage date will in no event begin before January 1, 2004, for women described at 130 CMR 505.002(H).~~

(2) If these required verifications listed on the Request for Information are received after the ~~6090~~-day period referenced in 130 CMR 505.002(~~JP~~)(1), the begin date of medical coverage is 10 days before the date on which the verifications were received, if such verifications are received within one year of receipt of the ~~MBR~~application.

(3) ~~The begin and end dates for medical coverage under Presumptive Provisional Eligibility are is~~ described in 130 CMR 502.003(~~E~~): Post-Eligibility Verification.

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~~(K) Independent Foster Care Adolescents. An adolescent who was in the care and custody of the Department of Social Services on his or her 18th birthday is eligible for MassHealth Standard until he or she reaches age 21.~~

505.003: MassHealth PrenatalReserved~~(A) Overview.~~

~~(1) 130 CMR 505.003 contains the categorical requirements and financial standards for Prenatal coverage.~~

~~(2) Persons eligible for Prenatal coverage are eligible for medical benefits as described in 130 CMR 450.105(F).~~

~~(B) Eligibility Requirements. A pregnant woman whose self-declared family group gross income is less than or equal to 200 percent of the federal poverty level is eligible for Prenatal coverage.~~

~~(C) Medical Coverage Date. Prenatal coverage begins 10 days before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site. Coverage continues for 60 days from the begin date or until MassHealth makes an eligibility determination, whichever is earlier.~~

505.004: MassHealth CommonHealth(A) Overview.

(1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.

(2) Persons eligible for CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E): MassHealth CommonHealth.

(B) Disabled Working Adults. Disabled working adults must meet the following requirements:

(1) be aged 19-21 through 64 (For those aged 65 and older, see 130 CMR 519.012: MassHealth CommonHealth.);

(2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the MBR-application or MassHealth's eligibility review;

(3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: Definition of Terms;

(4) be a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified alien as described in 130 CMR 504.003(A)(1): Qualified Aliens;



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(5) be ineligible for MassHealth Standard; and

(56) comply with 130 CMR ~~505.002~~505.004(I) ~~and 507.003~~.

(C) ~~Disabled Adults~~-. Disabled adults must meet the following requirements:

(1) be aged ~~19~~21 through 64;

(2) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms;

(3) be ineligible for MassHealth Standard;

(4) be a citizen as described in 130 CMR 504.002: U.S. Citizens ~~or a qualified alien as described in 130 CMR 504.003(A)(1): Qualified Aliens~~;

(45) (a) meet a one-time-only deductible in accordance with 130 CMR 506.009: The One-Time Deductible; or

(b) have modified adjusted gross income of the MassHealth Disabled Adult household ~~family group gross income~~ that is less than or equal to 200 percent of the federal poverty level (FPL) and provide verification that they are HIV positive; and

(56) comply with 130 CMR ~~505.002(I)~~505.004(J) ~~and 507.003~~.

~~(D) Disabled Children Under Age 18. Disabled children under age 18 must meet the following requirements:~~

~~(1) be permanently and totally disabled based on the disability criteria for children under age 18, as defined in 130 CMR 501.001; and~~

~~(2) be ineligible for MassHealth Standard.~~

(D) Disabled Working Young Adults. Disabled working young adults are eligible for CommonHealth if they meet the following requirements:

(1) be permanently and totally disabled (except for engagement in substantial gainful activity), as defined in 130 CMR 501.001: Definition of Terms;

(2) be ineligible for MassHealth Standard;

(3) be a citizen as described at 130 CMR 504.002: U.S. Citizens or qualified alien as described in 130 CMR 504.003(A)(1): Qualified Aliens;

(4) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth eligibility review; and

(56) comply with 130 CMR 505.004(J).

(E) Disabled Young Adults. Disabled young adults are eligible for CommonHealth if they meet the following requirements:

(1) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms;

(2) be ineligible for MassHealth Standard;

(3) (a) be a citizen as described at 130 CMR 504.002: U.S. Citizens or qualified alien as described in 130 CMR 504.003(A)(1): Qualified Aliens, and either

(i) meet a one-time-only deductible in accordance with 130 CMR 506.009: The

One-Time Deductible; or

(ii) have modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 200 percent of the FPL and provide verification that they are HIV positive; or

(b) be a nonqualified PRUCOL as described in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)* with a modified adjusted gross income of the MassHealth Disabled Adult household income is less than or equal to 150 percent of the FPL; and

(4) comply with 130 CMR 505.004(J).

~~(EF)~~ Disabled 18-Year-Olds—Disabled 18-year-olds must meet the following requirements:

(1) ~~(a)~~ be ineligible for MassHealth Standard; ~~and~~

(2) be a citizen as described at 130 CMR 504.002: *U.S. Citizens* or lawfully present immigrant or a nonqualified PRUCOL, as described in 130 CMR 504.003: *Immigrants*, and either

(ba) if not working, be permanently and totally disabled ~~based on the disability criteria for adults and 18-year-olds~~, as defined in 130 CMR 501.001: *Definition of Terms*; or

(2b) if working, be permanently and totally disabled ~~based on the disability criteria for adults and 18-year-olds~~ (except for engagement in substantial gainful activity), as defined in 130 CMR 501.001: *Definition of Terms*.

(G) Disabled Children Under Age 18. Disabled children under age 18 must meet the following requirements:

(1) be permanently and totally disabled, as defined in 130 CMR 501.001: *Definition of Terms*;

(2) be ineligible for MassHealth Standard; and

(3) be a citizen as described at 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrant, or a nonqualified PRUCOL, as described in 130 CMR 504.003: *Immigrants*.

~~(FH)~~ Determination of Disability—Disability is established by:

(1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);

(2) a determination of disability by the SSA; or

(3) a determination of disability by the MassHealth Disability Determination Unit (DDU).

~~(GI)~~ MassHealth CommonHealth Premium—Disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011~~(HB)(2)~~—No premium is assessed during a deductible period.

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(HJ) Use of Potential Health Insurance Benefits. ~~Applicants and members~~ Individuals who meet the requirements of 130 CMR 505.004 must use potential health insurance benefits, including Medicare, in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance if purchased by the MassHealth agency in accordance with 130 CMR ~~505.002(G), 505.005, or 507.003~~ 505.002(O), 505.005, and 506.012: *Premium Assistance Payments*. Members must access those other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

(K) Access to Employer-Sponsored Health Insurance and Premium-Assistance Investigations for Individuals Who Are Eligible for MassHealth CommonHealth.

(1) MassHealth may perform an investigation to determine if individuals receiving MassHealth CommonHealth

(a) have health insurance that MassHealth may help pay for; or

(b) have access to employer-sponsored health insurance that MassHealth wants the individual to enroll and will help pay for, as described in 130 CMR 506.012: *Premium Assistance Payments*.

(2) During the investigation period, the individual receives MassHealth CommonHealth fee-for-service benefits for a time-limited period while MassHealth investigates the insurance.

(a) Investigations for Individuals Who Have Health Insurance.

(i) If MassHealth determines that the health insurance that the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth CommonHealth Premium Assistance as described at 130 CMR 506.012: *Premium Assistance Payments*.

(ii) If MassHealth determines that the health insurance that the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth CommonHealth.

(c) Investigations for Individuals Who Have Potential Access to Employer-Sponsored Health Insurance.

(i) If MassHealth determines that the individual has access to employer-sponsored health insurance, the employer is contributing at least 50 % of the premium cost, and the insurance meets all other criteria described in 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides Premium Assistance Payments as described in 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility for all individuals unless the individual is under age 19, the individual is age 19 or 20 and has household income less than or equal to 150 percent of the federal poverty level, or is pregnant.

(ii) If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth CommonHealth.

(L) Medicare Premium Payment.

(1) MassHealth also pays the cost of the monthly Medicare Part B premium on behalf of

members who meet the requirements of 130 CMR 505.004 and who have modified adjusted gross income of the MassHealth Disabled Adult household that is less than 135 percent of the FPL.

(2) The coverage described in 130 CMR 505.004(L)(1) begins on the first day of the month following the date of the MassHealth eligibility determination and may be retroactive up to three months prior to the date the application was received by MassHealth.

~~(M)~~ Medical Coverage Date.

(1) ~~Except as provided in 130 CMR 501.003(E)(1),~~ The medical coverage date for CommonHealth begins on the 10<sup>th</sup> calendar day before the date an application-Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site is received, provided all required verifications, including a completed disability supplement, have been received within ~~6090~~ calendar days of the date of the Request for Information.

(2) ~~Except as provided in 130 CMR 501.003(E)(1),~~ if required verifications listed on the Request for Information are received after the ~~6090~~-day period referenced in 130 CMR 505.004~~(M)~~(1), the begin date of medical coverage is 10 calendar days before the date on which the verifications were received, provided such verifications are received within one year of receipt of the ~~MBR~~application.

(3) Persons described in 130 CMR 505.004(C) who have been notified by the MassHealth agency that they must meet a one-time deductible have their medical coverage date established in accordance with 130 CMR 506.009(E): Notification of the Deductible.

(4) Provisional eligibility is described in 130 CMR 502.003(E): Post-Eligibility Verification.

~~(N)~~ Extended CommonHealth Coverage. ~~CommonHealth members (described in 130 CMR 505.004(B)) who terminate their employment, continue to be eligible for CommonHealth for up to three calendar months after termination of employment provided they continue to make timely payments of monthly premiums.~~

505.005: MassHealth Family Assistance

~~(A)~~ Overview.

~~(B)~~

~~(1)~~ 130 CMR 505.005 contains the categorical requirements and financial standards for MassHealth Family Assistance. .This coverage type provides coverage either through premium assistance payments or the purchase of medical benefits.

(1) Children who are citizens, as defined in 130 CMR 504.002: U.S. Citizens, lawfully present immigrants, as defined in 130 CMR 504.003(A): Qualified Aliens, Qualified Aliens Barred, and Immigrants Lawfully Present Are Considered Lawfully Present Immigrants, or nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs), whose modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300 percent of the federal poverty level (FPL) are eligible for MassHealth Family Assistance.

(2) Children and young adults who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs), whose modified adjusted gross income of the MassHealth MAGI household is at or below 150 percent of the FPL are eligible for MassHealth Family Assistance.

(3) Adults who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs), whose modified adjusted gross income of the MassHealth MAGI household is at or below 300 percent of the FPL are eligible for MassHealth Family Assistance.;

(4) HIV-positive individuals who are citizens as defined in 130 CMR 504.002: U.S. Citizens and qualified aliens; as defined in 130 CMR 504.003(A)(1): Qualified Aliens, whose modified adjusted gross income of the MassHealth MAGI household is greater than

133 and less than or equal to 200 percent of the FPL are eligible for MassHealth Family Assistance.;

(5) Disabled adults who are qualified aliens barred, as defined in 130 CMR 504.003(A)(2): *Qualified Aliens Barred*, immigrants lawfully present, as defined in 130 CMR 504.003(A)(3): *Immigrants Lawfully Present*, or nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth Disabled Adult household is at or below 100 percent of the FPL are eligible for MassHealth Family Assistance.

(6) Ceertain Emergency Aid to the Elderly, Disabled and Children (EAEDC) recipients are eligible for MassHealth Family Assistance.

(7) Persons eligible for MassHealth Family Assistance must obtain and maintain all available health insurance as described in 130 CMR 503.007: *Potential Sources of Health Care*.

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~~(2) (a) Premium assistance payments under MassHealth Family Assistance are available to~~

~~(i) children under age 19 who have health insurance or access to health insurance;~~

~~(ii) certain employed adults aged 19 through 64 who have health insurance; and~~

~~(iii) persons under age 65 who are HIV positive and who have health insurance or choose to purchase available health insurance.~~

~~(b) The health insurance must meet the criteria of 130 CMR 505.005(B)(1)(a)(i); (C)(1)(e), or (D)(2).~~

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~~(c) Persons eligible for premium assistance payments, in accordance with 130 CMR 505.005(B) and (C), are eligible for payment of part of the policyholder's employer-sponsored health insurance premium in accordance with the MassHealth premium assistance payment formula described in 130 CMR 506.012(D) and (E).~~

~~(d) Children eligible for premium assistance payments, in accordance with 130 CMR 505.005(B), receive dental services as described in 130 CMR 420.000.~~

~~(3) (a) The purchase of medical benefits under MassHealth Family Assistance is available to~~

~~(i) children under the age of 19 who are uninsured at the time of the MassHealth eligibility determination and do not have access to employer-sponsored health insurance; and~~

~~(ii) persons under the age of 65 who are HIV positive and who have no health insurance, or do not have health insurance that the MassHealth agency has determined to be cost effective.~~

~~(b) Persons eligible for the purchase of medical benefits are eligible for the services described in 130 CMR 450.105(H)(3).~~

(B) Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150 Percent and Less than or Equal to 300 Percent of the Federal Poverty Level. Children under the age of 19 are eligible for Family Assistance coverage described in 130 CMR 505.005(B) if they meet the criteria below.

(1) Eligibility Requirements. A child is eligible if

(a) the child is under age 19;

(b) the child's modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300 percent of the federal poverty level (FPL);

(c) the child is ineligible for MassHealth Standard or CommonHealth;

(d) the child is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;

(e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:

(i) the child is uninsured; or

(ii) the child has health insurance that meets the criteria at 130 CMR 506.012:

*Premium Assistance Payments.*

(2) Health Insurance and Access to Employer-Sponsored Insurance Investigation. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance have health insurance that MassHealth can help pay for or if an individual has access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay, as described at 130 CMR 506.012: *Premium Assistance Payments.*

(a) Investigations for Individuals Who Are Enrolled in Health Insurance. When MassHealth determines an individual should have an investigation because they are currently enrolled in health insurance, the individual will be ineligible for a MassHealth benefit until the investigation is complete.

(i) If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the



individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): Covered Services and 506.012: Premium Assistance Payments.

(ii) If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing of his or her ineligibility for MassHealth.

(b) Investigations for Individuals Who Have Potential Access to Employer-Sponsored Health Insurance (ESI). When MassHealth determines an individual should be investigated for potential access to ESI, the individual will receive MassHealth Family Assistance for up to a 60-day period while MassHealth investigates the potential access to ESI.

(i) If MassHealth determines the individual has access to employer-sponsored health insurance, the employer is contributing at least 50 per cent of the premium cost, and the insurance meets all other criteria described at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: Premium Assistance Payments. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): Covered Services and 506.012: Premium Assistance Payments. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility.

(ii) If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth Family Assistance as described in 130 CMR 450.105(H)(3): Covered Services for Members Who Are Not Receiving Premium Assistance and 508.000: Managed Care Requirements.

(C) Eligibility Requirement for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 150 Percent of the Federal Poverty Level. Children and young adults who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs), are eligible for Family Assistance coverage described in 130 CMR 505.005(C) if they meet the criteria below.

(1) Eligibility Requirements. The individual is eligible if

(a) the individual is under age 19 and the individual's modified adjusted gross income of the MassHealth MAGI household is at or below 300 percent of the federal poverty level (FPL);

(b) the individual is a young adult and individual's modified adjusted gross income of the MassHealth MAGI household is at or below 150 percent of the FPL;

(c) the individual is ineligible for MassHealth Standard or CommonHealth;

(d) the individual is a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs); and

(e) the individual complies with 130 CMR 505.005(C)(2).

(2) Health Insurance and Access to Employer-Sponsored Insurance Investigation.

MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance have health insurance that MassHealth can help pay for or if an individual has access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay, as described at 130 CMR 506.012: Premium Assistance Payments.

(a) Investigations for Individuals Who Are Enrolled in Health Insurance. When MassHealth determines an individual should have an investigation because they are currently enrolled in health insurance, the individual will receive MassHealth Family Assistance benefits for up to a 60-day time-limited period while MassHealth investigates the insurance.

(i) If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): Covered Services and (2): Organ Transplants and 506.012: Premium Assistance

Payments.

(ii) If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth Family Assistance, as described in 130 CMR 450.105(G)(3): *Managed Care member Participation*.

(b) Investigations for Individuals Who Have Potential Access to Employer-Sponsored Health Insurance (ESI). When MassHealth determines an individual should have a potential access to ESI investigation, the individual will receive MassHealth Family Assistance for up to a 60-day time-limited period while MassHealth investigates the potential access to ESI.

(i) If MassHealth determines the individual has access to employer-sponsored health insurance, the employer is contributing at least 50 per cent of the premium cost, and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: *Premium Assistance Payments*. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(H)(1): *Premium Assistance* and (2): *Payment of Copayments, Coinsurance, and Deductibles for Certain Children Who Receive Premium Assistance* and 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility.

(ii) If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth Family Assistance as described in 130 CMR 450.105(G)(3): *Managed Care Participation* and 508.000: *Managed Care Requirements*.

(D) Eligibility Requirement for Adults and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 300 Percent of the Federal Poverty Level. Individuals who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, are eligible for Family Assistance coverage described in 130 CMR 505.005(D) if they meet the criteria below.

(1) The individual is eligible if

(a) the individual is a nonqualified PRUCOL, as defined in 130 CMR 504.003(C):

*Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;

(b) the individual is ineligible for MassHealth Standard or CommonHealth;

(c) the individual is uninsured;

(d) the individual does not have access to affordable Minimum Essential Coverage as defined in section 1401 of the Patient Protection and Affordable Care Act; and

(e) the individual is either

(i) under age 21 with modified adjusted gross income of the MassHealth household greater than 150 and less than or equal to 300 percent of the federal poverty level (FPL); or

(ii) is aged 21 through 64 with modified adjusted gross income of the MassHealth household at or below 300 percent of the FPL.

(2) Members eligible for benefits described in 130 CMR 505.005(D) receive MassHealth Family Assistance benefits described in 130 CMR 450.105(G)(3): *Managed Care Participation* and 508.000: *Managed Care Requirements*.

(E) Eligibility Requirement for HIV-Positive Individuals Who Are Citizens or Qualified Aliens with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 133 and Less than or Equal to 200 Percent of the Federal Poverty Level. Individuals who are HIV positive are eligible for Family Assistance coverage described in 130 CMR 505.005(E) if they meet the criteria below.

(1) The individual is eligible if

(a) the individual is under age 65;



(b) the individual is ineligible for MassHealth Standard or CommonHealth;  
(c) the individual's modified adjusted gross income of the MassHealth MAGI household is greater than 133 and less than or equal to 200 percent of the FPL;  
(d) the individual is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or qualified alien, as defined in 130 CMR 504.003(A)(1): *Qualified Aliens*; and  
(e) the individual has verified his or her HIV-positive status by providing a letter from a doctor, qualifying health clinic, laboratory, or AIDS service provider or organization. The letter must indicate the individual's name and his or her HIV-positive status.

(2) Health Insurance Investigation. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance are enrolled in health insurance that MassHealth may help pay for, as described at 130 CMR 506.012: *Premium Assistance Payments*. When MassHealth determines an individual should have an investigation because he or she is currently enrolled in health insurance, the individual will receive MassHealth Family Assistance benefits for up to a 60-day time-limited period while MassHealth investigates the insurance.

(a) If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Covered Services* and (2): *Organ Transplants* and 506.012: *Premium Assistance Payments*.

(b) If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth Family Assistance, as described in 130 CMR 450.105(G)(3): *Managed Care Participation*.

(3) Unless otherwise indicated in 130 CMR 505.005(E)(2), individuals determined eligible for MassHealth Family Assistance as described in 130 CMR 505.005(E) will receive benefits as described in 130 CMR 450.105(G)(3): *Managed Care Participation* and 508.000: *Managed Care Requirements*.

(F) Eligibility Requirement for Disabled Adults Who Are Qualified Aliens Barred, Immigrants Lawfully Present, and Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth Disabled Adult household at or below 100 Percent of the Federal Poverty Level. Individuals who are disabled adults are eligible for Family Assistance coverage described in 130 CMR 505.005(F) if they meet the criteria below.

(1) Eligibility Requirements. The individual is eligible if

(a) the individual is totally and permanently disabled as defined in 130 CMR 501.001: *Definition of Terms*;

(b) the individual is under age 65;

(c) the individual is ineligible for MassHealth Standard or CommonHealth;

(d) the individual's modified adjusted gross income of the MassHealth Disabled Adult household is at or below 100 percent of the FPL; and

(e) the individual is a qualified aliens barred as described in 130 CMR 504.003(A)(2): *Qualified Aliens Barred*, immigrants lawfully present-, as defined in 130 CMR 504.003(A)(3): *Immigrants Lawfully Present*, or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*.

(2) Determination of Disability. Disability is established by

(a) certification of legal blindness by the Massachusetts Commission of the Blind (MCB);

(b) a determination of disability by the Social Security Administration (SSA); or

(c) a determination of disability by the MassHealth Disability Determination Unit (DDU).

(3) Health Insurance and Access to Employer-Sponsored Insurance Investigation.

MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance are enrolled in health insurance that MassHealth can help pay for or if an individual has access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay, as described at 130

CMR 506.012: Premium Assistance Payments.

(a) Investigations for Individuals Who Are Enrolled in Health Insurance. When MassHealth determines an individual should have an investigation because he or she is currently enrolled in health insurance, the individual will receive MassHealth Family Assistance benefits for up to a 60-day time-limited period while MassHealth investigates the insurance.

(i) If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): Covered Services and (2): Organ Transplants and 506.012: Premium Assistance Payments.

(ii) If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing of his or her continued eligibility for MassHealth Family Assistance, as described in 130 CMR 450.105(G)(3): Managed Care Participation.

(b) Investigations for Individuals Who Have Potential Access to Employer-Sponsored Health Insurance (ESI). When MassHealth determines an individual should be investigated for a potential access to ESI, the individual will receive MassHealth Family Assistance for up to a 60-day time-limited period while MassHealth investigates the potential access to ESI.

(i) If MassHealth determines the individual has access to employer-sponsored health insurance and the employer is contributing at least 50 per cent of the premium cost and the insurance meets all other criteria described at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: Premium Assistance Payments. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): Covered Services and (2): Organ Transplants and 506.012: Premium Assistance Payments. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility.

(ii) If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth Family Assistance as described in 130 CMR 450.105(G)(3): Managed Care Participation and 508.000: Managed Care Requirements.

(G) Eligibility Requirements for Certain Emergency Aid for Elderly, Disabled and Children (EAEDC) Recipients.

(1) Eligibility Requirements. Certain EAEDC recipients are eligible for Family Assistance if:

(a) the individual is

(i) a child or a young adult and is a nonqualified PRUCOL as described at 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs); or

(ii) a parent, caretaker relative or adult aged 21 through 64 who is a qualified alien barred, as described in 130 CMR 130 CMR 504.003(A)(2): Qualified Aliens Barred, immigrant lawfully present, as defined in 130 CMR 504.003(A)(3): Immigrants Lawfully Present, or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs);

(b) the individual receives EAEDC cash assistance; and

(c) the individual is uninsured.

(2) Extended Eligibility. Individuals whose EAEDC cash assistance ends and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth Family Assistance until a determination of ineligibility is made by MassHealth.

(H) MassHealth Family Assistance Premiums. Individuals who meet the requirements of 130 CMR 505.005 may be assessed a premium in accordance with the premium schedule provided at 130 CMR 506.011(B)(3) through (5).

(I) MassHealth Family Assistance Coverage Begin Date.

(1) With the exception of those described at 130 CMR 505.005(B)(2)(a)(i), the MassHealth Family Assistance start date begins on the 10<sup>th</sup> day before the date the application is received if all required verifications have been received within 90 days of the date of the Request for Information.

(2) If the required verifications listed on the Request for Information are received after the 90-day period referenced in 130 CMR 505.005(I)(1), the begin date of MassHealth Family Assistance coverage is 10 days before the date on which the verifications were received, if such verifications are received within one year of receipt of the application.

(3) Provisional eligibility is described in 130 CMR 502.003(E): *Post-Eligibility Verification*.

(4) For those individuals eligible for MassHealth Family Assistance as described at 130 CMR 505.005(B)(2)(a)(i), the begin date of the Premium Assistance is in accordance with 130 CMR 506.012(F)(1)(d).

(B) Premium Assistance for Children.

(1) Eligibility Requirements.

—(a) Premium assistance under MassHealth Family Assistance is available to children under age 19 who meet all the following conditions:

(i) the child has or has access to employer-sponsored health insurance where the employer contributes at least 50 percent of the premium cost, and the insurance meets the basic benefit level, as defined at 130 CMR 501.001;

(ii) the child's family group gross income is above 150 percent but does not exceed 300 percent of the federal poverty level for citizens, qualified aliens, and aliens with special status as described in 130 CMR 504.002(D)(2);

(iii) the child's family group gross income does not exceed 200 percent of the federal poverty level for aliens with special status as described in 130 CMR 504.002(D)(1);

(iv) the child is ineligible for MassHealth Standard and MassHealth CommonHealth; and

(v) for children whose family group income is above 200 percent but does not exceed 300 percent of the federal poverty level, the child does not have employer-sponsored health insurance and has not had employer-sponsored health insurance during the six months before application, as provided in 130 CMR 505.005(H).

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~~(b) Applicants and members must:~~

~~(i) provide the MassHealth agency with the information necessary to determine the availability and cost effectiveness of employer sponsored health insurance;~~

~~(ii) obtain available health insurance when the MassHealth agency determines it is cost effective to do so; and~~

~~(iii) retain existing health insurance coverage as a condition of eligibility.~~

~~(c) Failure to comply with these requirements results in denial or loss of eligibility for Family Assistance benefits.~~

~~(2) Waiver of Access Requirement. The MassHealth agency may waive its requirement to access health insurance if the MassHealth agency determines it is more cost effective to the MassHealth agency to purchase medical benefits under MassHealth Family Assistance than to assist the family with payment of health insurance premiums.~~

~~(3) Eligibility for a Limited Period of Time.~~

~~(a) The MassHealth agency may determine a child who meets the requirements of 130 CMR 505.005(B)(1)(a) eligible for medical benefits under MassHealth Family Assistance for a limited period of time if:~~

~~(i) the child is currently uninsured; and~~

~~(ii) a family group member has indicated employer sponsored health insurance may be available.~~

~~(b) The begin date for the benefits described in 130 CMR 505.005(B)(3)(a) is established in accordance with 130 CMR 505.005(E)(4). Premiums are established in accordance with 130 CMR 506.011(J).~~

~~(c) During this limited period, the MassHealth agency determines if the insurance that is available to the child meets the basic benefit level as described at 130 CMR 501.001, and whether the employer contributes at least 50 percent of the premium cost.~~

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~~(d) If the MassHealth agency determines the child has access to insurance as described at 130 CMR 505.005(B)(1)(a)(i), the applicant is notified in writing of the child's eligibility for premium assistance and the need to enroll in such insurance. The child continues to be eligible for medical benefits for up to 60 days from the date of this notice to allow time for enrollment in the health insurance plan. Once enrolled in the health insurance plan, the child becomes eligible for premium assistance payments as described in 130 CMR 505.005(B)(4).~~

~~(e) The medical benefits described in 130 CMR 505.005(B)(3)(d) end when the child is covered under the health insurance plan. Coverage also ends if the family group member fails to enroll the child in the health insurance plan, or fails to submit proof of such enrollment within 60 days of being notified of this requirement.~~

~~(f) If the MassHealth agency determines the available insurance does not meet the requirements of 130 CMR 505.005(B)(1)(a) or, if the MassHealth agency is unable to complete its evaluation of the health insurance within 60 days of the MassHealth agency's receipt of a complete MBR, the applicant is notified in writing of the child's eligibility for the purchase of medical benefits under MassHealth Family Assistance, as described in 130 CMR 505.005(E).~~

~~(4) Premium Assistance Payment.~~

~~(a) The MassHealth agency makes monthly payments on behalf of a child toward the cost of the employer-sponsored health insurance premium if:~~

~~(i) the child meets the requirements of 130 CMR 505.005(B)(1);~~

~~(ii) the policyholder is a member of the child's family group; and~~

~~(iii) the policyholder is responsible for payment of more than the estimated member share described in 130 CMR 506.012(D)(1)(a).~~

~~(b) The amount of the premium assistance payment is established in accordance with the MassHealth premium assistance payment formula described in 130 CMR 506.012(D).~~

~~(c) Premium assistance payments are made in accordance with 130 CMR 506.012(A)(2) and (3).~~

~~(5) Eligibility Date. Premium assistance payments begin in the month of the MassHealth eligibility determination for Family Assistance Premium Assistance, or in the month the health insurance deduction begins, whichever is later. Each monthly payment is for coverage in the following month.~~

~~(6) Copays, Coinsurance, and Deductibles. The MassHealth agency pays copays, coinsurance, and deductibles for children eligible for premium assistance provided:~~

~~(a) the MassHealth agency has made a determination that the member was uninsured at the time of the eligibility determination, had access to employer-sponsored health insurance, and the MassHealth agency required the member's enrollment in the health insurance plan; and~~

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~~(b) (i) the copay, coinsurance, or deductible was incurred as the result of a well-child visit as described in 130 CMR 450.140 through 450.149; or~~

~~(ii) the policyholder's annualized share of the employer-sponsored health insurance premium, combined with copays, coinsurance, and deductibles incurred and paid by members, exceeds five percent of the family group's gross income in a 12-month period beginning with the date of eligibility for premium assistance. In such cases, the MassHealth agency pays for any copays, coinsurance, or deductibles incurred by the members during the balance of the 12-month period provided they have submitted proof of payment of bills equal to or exceeding five percent of their family group's gross income. Proof of payment may be submitted during or after the 12-month period, but no later than six months after the 12-month period ends. Calculation of the family's five percent amount is based on the income and family group size at the time of application and is not adjusted during the 12-month period. This amount is recalculated every 12 months thereafter.~~

~~(7) Ineligibility for Family Assistance. If an insured child's insurance does not meet the basic benefit level, or the employer does not contribute at least 50 percent of the premium cost, the child is ineligible for MassHealth Family Assistance.~~

~~(C) Premium Assistance for Adults:~~

~~(1) Eligibility Requirements. Premium Assistance under MassHealth Family Assistance is available to adults who meet all of the following conditions:~~

~~(a) the adult is 19 years of age or older and under age 65;~~

~~(b) the adult's family group gross income is less than or equal to 300 percent of the federal poverty level;~~

~~(c) the adult is not eligible for MassHealth Standard or MassHealth CommonHealth;~~

~~(d) the adult:~~

~~—(i) received premium assistance under 130 CMR 505.005(C) before September 30, 2006; or~~

~~—(ii) works for an employer who has not, in the last six months, provided health insurance coverage for which the adult is eligible or whose family member's employer has not, in the last six months, provided health insurance for which the adult is eligible; or~~

~~—(iii) is self-employed;~~

~~(e) the adult purchases the employer-sponsored health insurance; and~~

~~(f) the adult is employed by a qualified employer, as defined in 130 CMR 501.001.~~

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Page 505.005~~(2) Premium Assistance Payment.~~~~(a) The MassHealth agency makes monthly payments toward the cost of the employer-sponsored health insurance if the adult:~~~~(i) meets the requirements of 130 CMR 505.005(C)(1);~~~~(ii) is responsible for payment of more than the estimated member share described in 130 CMR 506.012(E)(2); and~~~~(iii) continues to be employed by a qualified employer.~~~~(b) An adult whose spouse and/or children receive MassHealth benefits must enroll in a couple or family health insurance policy, if offered, if the employer contributes at least 50 percent of the premium cost for that coverage.~~~~(c) The amount of the premium assistance payment is established in accordance with the MassHealth premium assistance payment formula described in 130 CMR 506.012(E).~~~~(d) Premium assistance payments are made in accordance with 130 CMR 506.012(A)(3).~~~~(3) Eligibility Date. Premium assistance payments begin in the month of the MassHealth eligibility determination for Family Assistance, or in the month the health insurance deduction begins, whichever is later. Each monthly payment is for coverage in the following month.~~~~(D) Premium Assistance for Persons Who Are HIV Positive.~~~~(1) Eligibility Requirements.~~~~(a) Premium assistance under MassHealth Family Assistance is available for persons who are HIV positive if they:~~~~(i) are under the age of 65;~~~~(ii) have family group gross income that is less than or equal to 200 percent of the federal poverty level;~~~~(iii) are ineligible for MassHealth Standard or MassHealth CommonHealth; and~~~~(iv) either have or choose to purchase available health insurance that the MassHealth agency has determined to be cost effective, in accordance with 130 CMR 505.005(D)(2).~~~~(b) The MassHealth agency establishes eligibility under the provisions of 130 CMR 505.005(D) for persons who are HIV positive and who also meet the requirements of 130 CMR 505.005(B) or (C).~~

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~~(2) Cost Effectiveness Determination. The MassHealth agency determines the cost effectiveness of the available insurance plan to establish the appropriate premium assistance payment amount, and notifies the applicant or member of its decision.~~

~~(3) Premium Assistance Payment. Except as provided in 130 CMR 501.003(E)(2)(a), the MassHealth agency makes monthly premium payments on behalf of members. Health insurance premium payments are made directly to the insurance carrier, the employer, or to the most appropriate party, as determined by the MassHealth agency. If a direct payment is made to a family group member, proof of health insurance payments may be required from the parent or member.~~

~~(4) Premium Assistance Payment Amount. The MassHealth agency provides premium assistance in accordance with 130 CMR 506.012(F).~~

~~(5) Eligibility Date.~~

~~(a) Premium assistance payments begin in the month of the MassHealth eligibility determination for Premium Assistance or the month in which the insurance deduction begins, whichever is later. Each monthly payment is for coverage in the following month.~~

~~(b) Persons eligible under the provisions of 130 CMR 505.005(D) are also eligible for services provided under the purchase of medical benefits as described in 130 CMR 450.105(H)(3) to the extent these services are not covered by the individual's employer-sponsored health insurance. The medical coverage date for these services is established in accordance with 130 CMR 505.005(F)(3).~~

~~(6) Premium Assistance for Persons Who Have Not Yet Verified HIV Positive Status. The MassHealth agency also provides premium assistance, in accordance with 130 CMR 505.005(D), to persons meeting the requirements of 130 CMR 505.005(G)(1)(a) who would otherwise be eligible for premium assistance under 130 CMR 505.005(C).~~

~~(E) The Purchase of Medical Benefits for Children.~~

~~(1) Eligibility Requirements. Children under the age of 19 are eligible for the purchase of medical benefits under MassHealth Family Assistance if they meet all of the following requirements:~~

~~(a) the child's family group gross income is above 150 percent but does not exceed 300 percent of the federal poverty level for citizens, qualified aliens, and aliens with special status as described in 130 CMR 504.002(D)(2);~~

~~(b) the child's family group gross income does not exceed 200 percent of the federal poverty level for aliens with special status as described in 130 CMR 504.002(D)(1);~~



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~~(c) the child is ineligible for MassHealth Standard or MassHealth CommonHealth;~~

~~(d) the child is uninsured and does not have access to employer-sponsored health insurance; and~~

~~(e) for children between 200 and 300 percent of the federal poverty level, the child has not had employer-sponsored health insurance during the six months before application, as provided in 130 CMR 505.005(H).~~

~~(2) Presumptive Eligibility Requirements. The MassHealth agency may determine uninsured children presumptively eligible for medical benefits under MassHealth Family Assistance in accordance with the requirements of 130 CMR 502.003 if:~~

~~(a) the self-declared gross income of the family group is above 150 percent but does not exceed 300 percent of the federal poverty level for citizens, qualified aliens, and aliens with special status as described in 130 CMR 504.002(D)(2); or~~

~~(b) the self-declared gross income of the family group is above 150 percent but does not exceed 200 percent of the federal poverty level for aliens with special status as described in 130 CMR 504.002(D)(1).~~

~~(3) Premium. Families of children who meet the requirements of 130 CMR 505.005(E)(1) and (2) are assessed a monthly premium in accordance with 130 CMR 506.011(J). Children who are eligible for a limited period of time, as described at 130 CMR 505.005(B)(3), and children who meet the requirements at 130 CMR 501.006 are also assessed a monthly premium in accordance with 130 CMR 506.011(J).~~

~~(4) Medical Coverage Date.~~

~~(a) The medical coverage date for the purchase of medical benefits under MassHealth Family Assistance begins on the 10<sup>th</sup> day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site if all required verifications have been received within 60 days of the date of the Request for Information.~~

~~(b) If required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.005(E)(4)(a), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.~~

~~(c) The begin and end dates for medical coverage under presumptive eligibility are described in 130 CMR 502.003.~~

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Page 505.005~~(F) The Purchase of Medical Benefits for Persons Who Are HIV Positive.~~~~(1) Eligibility Requirements.~~~~(a) Persons who are HIV positive may establish eligibility for the purchase of medical benefits if they:~~~~(i) are under the age of 65;~~~~(ii) have family group gross income that is less than or equal to 200 percent of the federal poverty level;~~~~(iii) are ineligible for MassHealth Standard or MassHealth CommonHealth; and~~~~(iv) do not have health insurance.~~~~(b) The MassHealth agency establishes eligibility under the provisions of 130 CMR 505.005(F) for persons who are under the age of 19 and are HIV positive, and who also meet the requirements of 130 CMR 505.005(E).~~~~(2) Premium. Individuals who meet the requirements of 130 CMR 505.005(F) are assessed a monthly premium in accordance with 130 CMR 506.011(I).~~~~(3) Medical Coverage Date.~~~~(a) Except as provided in 130 CMR 501.003(E)(2)(a), the medical coverage date for the purchase of medical benefits under MassHealth Family Assistance begins on the 10<sup>th</sup> day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site. However, the medical coverage date will in no event begin before April 1, 2001.~~~~(b) Except as provided in 130 CMR 501.003(E)(2)(a), if required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.005(G)(1)(b), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.~~

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Page 505.005~~(G) Fee for Service Benefits for Persons Who Are HIV Positive.~~~~(1) Persons Who Have Claimed on the MBR to Be HIV Positive.~~~~(a) Eligibility Requirements. Persons who have claimed on the MBR to be HIV positive may establish temporary eligibility for fee for service benefits if they:~~~~(i) are under the age of 65;~~~~(ii) have a verified family group gross income that is less than or equal to 200 percent of the federal poverty level; and~~~~(iii) are ineligible for MassHealth Standard or MassHealth CommonHealth.~~~~(b) Time Frames for Verification.~~~~(i) Persons who have claimed on the MBR to be HIV positive must submit verification of their HIV positive status within 60 days of their eligibility determination. If verifications are not submitted, the MassHealth agency redetermines their eligibility as if they were not HIV positive.~~~~(ii) Verification of HIV positive status can be a letter from a doctor, qualifying health clinic, laboratory, or AIDS service provider or organization. The letter must indicate the member's name and his or her HIV positive status.~~~~(c) Other Health Insurance. Members who have other health insurance must access those benefits and must show both their private health insurance card and their MassHealth card to providers at the time services are provided.~~~~(d) Premium. Individuals who meet the requirements of 130 CMR 505.005(G) are assessed a monthly premium in accordance with 130 CMR 506.011(I).~~~~(e) Medical Coverage Date.~~~~(i) Except as provided in 130 CMR 501.003(E)(2)(a), the medical coverage date for~~~~the purchase of medical benefits under MassHealth Family Assistance begins on the 10<sup>th</sup> day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site. However, the medical coverage date will in no event begin before April 1, 2001.~~~~(ii) Except as provided in 130 CMR 501.003(E)(2)(a), if required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.005(G)(1)(b), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.~~

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~~(f) Premium Assistance for Persons Who Have Not Verified HIV Positive Status. Persons who meet the requirements of both 130 CMR 505.005(G)(1)(a) and 505.005(C) receive benefits under 130 CMR 505.005(D). If verification of their HIV positive status is not submitted within 60 days, they receive benefits under 130 CMR 505.005(C), if otherwise eligible.~~

~~(2) Persons Who Have Verified Their HIV Positive Status.~~

~~(a) Eligibility Requirements. Persons who have verified their HIV positive status, in accordance with 130 CMR 505.005(G)(1)(b), may establish eligibility for fee for service benefits if they:~~

~~(i) are under the age of 65;~~

~~(ii) have a family group gross income that is less than or equal to 200 percent of the federal poverty level;~~

~~(iii) are ineligible for MassHealth Standard or MassHealth CommonHealth; and~~

~~(iv) have declared that they have other health insurance.~~

~~(b) Fee for Service Benefits. Members receive benefits on a fee for service basis:~~

~~(i) while the MassHealth agency investigates the member's private health insurance to determine if premium assistance is available; or~~

~~(ii) if the MassHealth agency determines the member's health insurance is not cost effective.~~

~~(c) Other Health Insurance. Members who have other health insurance must access those benefits and must show both their private health insurance card and their MassHealth card to providers at the time services are provided. The fee for service benefit applies only to services not covered by the member's private health insurance.~~

~~(d) Premium. Individuals who meet the requirements of 130 CMR 505.005(G) are assessed a monthly premium in accordance with 130 CMR 506.011(I).~~

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Page 505.005~~—(e) Medical Coverage Date:~~

~~(i) Except as provided in 130 CMR 501.003(E)(2)(b), the medical coverage date for the purchase of medical benefits under MassHealth Family Assistance begins on the 10<sup>th</sup> day before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site. However, the medical coverage date will in no event begin before April 1, 2001.~~

~~(ii) Except as provided in 130 CMR 501.003(E)(2)(b), if required verifications listed on the Request for Information are received after the 60 day period referenced in 130 CMR 505.005(G)(1)(b), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.~~

~~(H) Crowd-Out Provisions for Family Assistance:~~

~~(1) For children whose family group income is above 200 percent but does not exceed 300 percent FPL, the MassHealth agency will not provide direct coverage or premium assistance if the family had employer-sponsored group health insurance for applying children within the previous six months. Families who had employer-sponsored group health insurance within the previous six months will be subject to a six-month waiting period, from the date of loss of coverage, before being allowed to enroll in MassHealth Family Assistance. Exceptions from this waiting period will be made in situations in which:~~

- ~~(a) a child in the family group has special or serious health care needs;~~
- ~~(b) the prior coverage was involuntarily terminated, including withdrawal of benefits by an employer, involuntary job loss, or COBRA expiration;~~
- ~~(c) a parent in the family group died in the previous six months;~~
- ~~(d) the prior coverage was lost due to domestic violence;~~
- ~~(e) the prior coverage was lost due to becoming self-employed; or~~
- ~~(f) the existing coverage's lifetime benefits were reduced substantially within the previous six months or prior employer-sponsored health insurance was cancelled for this reason.~~

~~(2) Children who are ineligible for Family Assistance under the crowd-out provision are eligible for Children's Medical Security Plan (CMSP) during the waiting period (see 130 CMR 522.004).~~

~~(I) Children's Medical Security Plan (CMSP). Children whose family group gross income exceeds the financial eligibility requirements of Family Assistance and children who do not meet the immigration requirements of Family Assistance may be eligible for CMSP (see 130 CMR 522.004).~~

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Page 505.006505.006: MassHealth Basic

~~(A) Overview. 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Basic. This coverage type is available to individuals or members of a couple who receive EAEDC cash assistance, or who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to the Division. MassHealth Basic coverage is available either through the purchase of medical benefits or through premium assistance payments.~~

~~(1) The Purchase of Medical Benefits under MassHealth Basic.~~

~~(a) The purchase of medical benefits under MassHealth Basic is available to unemployed adults aged 19 through 64 who:~~

~~(i) do not have, or have access to, health insurance, including health insurance offered by the college or university that they attend; or~~

~~(ii) have health insurance that the Division has determined does not cover the applicant's chronic medical condition requiring frequent treatment and medical services, or is of significant cost to the applicant.~~

~~(b) Persons eligible for the purchase of medical benefits are eligible for medical benefits, as described in 130 CMR 450.105(B) and 130 CMR 508.000.~~

~~(2) Premium Assistance under MassHealth Basic.~~

~~(a) Premium assistance under MassHealth Basic is available to unemployed adults aged 19 through 64 who have health insurance that:~~

~~(i) the Division has determined covers the applicant's chronic medical condition requiring frequent treatment and medical services and for which they must pay a premium;~~

~~(ii) is not of significant cost to the applicant;~~

~~(iii) is not available from the college or university that they attend; and~~

~~(iv) meets the Division's cost-effective analysis.~~

~~(b) Persons eligible for premium assistance payments are eligible for payment of part or all of their health insurance premium.~~

~~(B) The Purchase of Medical Benefits.~~

~~(1) Eligibility Requirements for Active DMH Clients as Identified by the DMH to the Division. Active DMH clients are those individuals or members of a couple who are receiving services or are on a waiting list to receive services from the DMH. These active DMH clients who are under age 65 are eligible for the purchase of medical benefits under MassHealth Basic if they are uninsured, in accordance with 130 CMR 505.006(A)(1)(a), and meet all of the following conditions:~~

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~~(a) They are currently unemployed and:~~

~~(i) have been unemployed for more than one year; or~~

~~(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.~~

~~(b) They are not eligible for unemployment compensation.~~

~~(c) They have family group gross income less than or equal to 100 percent of the federal poverty level.~~

~~(d) Their spouse is:~~

~~(i) not employed more than 100 hours a month; or~~

~~(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage in accordance with 130 CMR 505.005(C).~~

~~(2) EAEDC Recipients. Individuals and members of couples who receive EAEDC cash assistance are eligible for the purchase of medical benefits under MassHealth Basic if they have no health insurance.~~

~~(3) Extended Eligibility for the Purchase of Medical Benefits when EAEDC Ends. Individuals or couples whose EAEDC cash assistance ends and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth Basic until a determination of ineligibility is made by the Division.~~

~~(4) Extended Coverage for the Purchase of Medical Benefits. Basic members who are no longer eligible for Basic coverage due to employment will continue to receive medical benefits under MassHealth Basic for up to six calendar months after their date of employment if health insurance is not available to them from their employer or their spouse's employer.~~

~~(5) Medical Coverage Date. Members, after they have received notice from the Division stating that they meet the eligibility requirements for the purchase of medical benefits under MassHealth Basic at 130 CMR 505.006(B), receive medical coverage effective on the date specified in the Division's notice of enrollment with a MassHealth managed care provider. There is no medical coverage for MassHealth Basic members before the member's effective enrollment date. Enrollment of a Basic member with a MassHealth managed care provider may occur only in accordance with 130 CMR 508.002(I).~~

~~(A) Premium Assistance.~~

~~(1) Eligibility Requirements for Active DMH Clients as Identified by the DMH to the Division. Active DMH clients are those individuals or members of a couple who are receiving services or are on a waiting list to receive services from the DMH. These active DMH clients who are under age 65 are eligible for premium assistance under MassHealth Basic if they have health insurance, in accordance with 130 CMR 505.006(A)(2)(a), and meet all of the following conditions.~~

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~~(a) They are currently unemployed and:~~

~~(i) have been unemployed for more than one year; or~~

~~(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.~~

~~(b) They are not eligible for unemployment compensation.~~

~~(c) They have family group gross income less than or equal to 100 percent of the federal poverty level.~~

~~(d) Their spouse is:~~

~~(i) not employed more than 100 hours a month; or~~

~~(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage in accordance with 130 CMR 505.005(C).~~

~~(2) EAEDC Recipients. Individuals and members of couples who receive EAEDC cash assistance are eligible for premium assistance under MassHealth Basic if they have health insurance.~~

~~(3) Eligibility Date. Once the MassHealth agency has determined eligibility, premium assistance payments begin in the calendar month following the verification of the member's health insurance information.~~

~~(4) Extended Premium Assistance. Persons who are no longer eligible for premium assistance payments under MassHealth Basic due to earnings continue to have their premiums paid for a six calendar month period following their date of employment if they or their spouse are not otherwise eligible for premium assistance payments, in accordance with 130 CMR 505.005(C).~~

~~505.007: MassHealth Essential~~

~~(A) Overview. 130 CMR 505.007 contains the categorical requirements and financial standards for MassHealth Essential. This coverage type is available to individuals or members of a couple who are long term unemployed and do not meet the eligibility criteria for MassHealth Basic, as described in 130 CMR 505.006. MassHealth Essential coverage is available either through the purchase of medical benefits or through premium assistance payments. MassHealth Essential benefits afforded to aliens with special status are described in 130 CMR 505.007(E).~~

~~(1) The Purchase of Medical Benefits under MassHealth Essential.~~

~~(a) The purchase of medical benefits under MassHealth Essential is available to unemployed adults aged 19 through 64 who meet the following conditions:~~



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~~(i) are long term unemployed; and~~

~~(ii) do not have, or have access to, health insurance, including health insurance offered by the college or university that they attend; or~~

~~(iii) have health insurance that the MassHealth agency has determined does not cover the applicant's chronic medical condition requiring frequent treatment and medical services, or is of significant cost to the applicant.~~

~~(b) Persons eligible for the purchase of medical benefits are eligible for medical benefits, as described in 130 CMR 450.105(I) and 130 CMR 508.000.~~

~~(2) Premium Assistance under MassHealth Essential:~~

~~(a) Premium assistance under MassHealth Essential is available to unemployed adults aged 19 through 64 who are long term unemployed and who have health insurance that:~~

~~(i) the MassHealth agency has determined covers the applicant's chronic medical condition requiring frequent treatment and medical services and for which they must pay a premium;~~

~~(ii) is not of significant cost to the applicant;~~

~~(iii) is not available from the college or university that they attend; and~~

~~(iv) meets the MassHealth agency's cost effective analysis.~~

~~(b) Persons eligible for premium assistance payments are eligible for payment of part or all of their health insurance premium.~~

~~(B) The Purchase of Medical Benefits:~~

~~(1) Eligibility Requirements. Individuals and members of couples under age 65 are eligible for Essential coverage if they are uninsured, in accordance with 130 CMR 505.007(A)(1)(a), and meet all of the conditions in 130 CMR 505.007(B)(1)(a) through (e).~~

~~(a) They are not eligible for MassHealth Basic.~~

~~(b) They are currently unemployed and:~~

~~(i) have been unemployed for more than one year; or~~

~~(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.~~

~~(c) They are not eligible for unemployment compensation.~~

~~(d) They have family group gross income less than or equal to 100 percent of the federal poverty level.~~

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~~(e) Their spouse is:~~

~~(i) not employed more than 100 hours a month; or~~

~~(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage, in accordance with 130 CMR 505.005(C).~~

~~(2) Medical Coverage Date. Except as provided in 130 CMR 501.003(E)(3), members, after they have received notice from MassHealth stating that they meet the eligibility requirements for the purchase of medical benefits under MassHealth Essential at 130 CMR 505.007(B) and (E), receive medical coverage effective on the date specified in MassHealth's notice of enrollment in the MassHealth Primary Care Clinician (PCC) Plan. There is no medical coverage for MassHealth Essential members before the member's effective enrollment date, except for aliens with special status, as provided under 130 CMR 505.007(E)(2).~~

~~(C) Premium Assistance.~~

~~(1) Eligibility Requirements. Individuals and members of couples under age 65 are eligible for premium assistance under MassHealth Essential if they are insured, in accordance with 130 CMR 505.007(A)(2)(a), and meet all of the following conditions:~~

~~(a) They are not eligible for MassHealth Basic.~~

~~(b) They are currently unemployed and:~~

~~(i) have been unemployed for more than one year; or~~

~~(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.~~

~~(b) They are not eligible for unemployment compensation.~~

~~(d) They have family group gross income less than or equal to 100 percent of the federal poverty level.~~

~~(e) Their spouse is:~~

~~(i) not employed more than 100 hours a month; or~~

~~(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage, in accordance with 130 CMR 505.005(C).~~

~~(2) Eligibility Date. Except as provided in 130 CMR 501.003(E)(3), once MassHealth has determined eligibility, premium assistance payments under MassHealth Essential begin in the calendar month following the verification of the member's health insurance information.~~

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~~(D) Funding. State legislation does not provide funding for MassHealth Essential after June 30, 2006. MassHealth Essential benefits will not be provided after June 30, 2006, unless a legislative extension is authorized. MassHealth Essential members who are receiving MassHealth Essential on June 30, 2006 will be provided only MassHealth Limited coverage as of July 1, 2006, if otherwise eligible for MassHealth Limited under 130 CMR 505.008.~~

~~(E) MassHealth Essential for Aliens with Special Status.~~

~~(1) Eligibility Requirements. MassHealth Essential for aliens with special status is available to adults aged 19 through 64 who meet the eligibility requirements of 130 CMR 505.007, except that they must be aliens with special status, as described in 130 CMR 504.002(D), and in addition to being long term unemployed, they must be disabled, as described in 130 CMR 505.002(F)(2)(a).~~

~~(2) Availability of Benefits. MassHealth Essential for aliens with special status is available either through the purchase of medical benefits or through premium assistance payments. Benefits may begin no earlier than June 1, 2004, except as described in 130 CMR 505.007(E)(2).~~

~~(3) Funding and Enrollment Restrictions. MassHealth Essential members who are aliens with special status are subject to enrollment restrictions described in 130 CMR 501.003(C). Upon advance notice, MassHealth Essential benefits may be terminated if the MassHealth agency determines that there is insufficient funding.~~

~~(4) Eligibility for MassHealth Limited. MassHealth Essential members who meet the requirements of 130 CMR 505.007(E) are automatically eligible for MassHealth Limited coverage. Medical services are provided pursuant to 130 CMR 450.105(G). MassHealth members meeting the requirements of 130 CMR 505.007(E) are eligible for MassHealth Limited benefits as follows:~~

~~(a) For MassHealth Essential members with purchase of medical benefits, medical coverage begins in accordance with 130 CMR 505.008(B).~~

~~(b) For MassHealth Essential members with premium assistance, medical coverage begins in accordance with 130 CMR 505.008(B) and is provided on a fee for service basis covering only MassHealth covered services that are not covered by the member's private health insurance.~~

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130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Limited coverage for children, young adults, and adults aged 21 through 64 who are parents, caretakers, adults, and disabled adults.

(~~A~~B) Eligibility Requirements.

(1) MassHealth Limited is available to ~~persons who meet the financial and categorical requirements of MassHealth Standard, except women described at 130 CMR 505.002(H), and are~~ the following:

(a) undocumented noncitizens as described in 130 CMR 504.003(D): *Undocumented Noncitizens* who are

(i) children under age 1 with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200 percent of the federal poverty level (FPL);

(ii) children aged 1 through 18 with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150 percent of the FPL;

(iii) young adults aged 19 and 20 with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150 percent of the FPL;

(iv) adult aged 21 through 64 who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133 percent of the FPL; and

(v) disabled adults aged 21 through 64 with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133 percent of the FPL;

(b) nonqualified PRUCOLs as described in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)* who are

(i) children under age 1 with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200 percent of the federal poverty level (FPL);

(ii) children aged 1 through 18 with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150 percent of the FPL;

(iii) young adults aged 19 and 20 with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150 percent of the FPL;

(iv) adult aged 21 through 64 who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133 percent of the FPL; and

(v) disabled adults aged 21 through 64 with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133 percent of the FPL;

(c) qualified aliens barred, as described in 130 CMR 504.003(A)(2): *Qualified Aliens Barred*, and immigrants lawfully present as described in 130 CMR 504.003(A)(3): *Immigrants Lawfully Present* who are

(i) disabled adults aged 21 through 64 with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 100 percent of the FPL;

(ii) parents and caretakers who are aged 21 through 64 who are receiving EAEDC; and

(iii) adults aged 21 through 64 who are receiving EAEDC.

(2) Nonqualified PRUCOLs eligible for MassHealth Limited in 130 CMR 505.006(B)(1)(b) and qualified aliens barred and lawfully present immigrants eligible for MassHealth Limited in 130 CMR 505.006(B)(1)(c) may also be eligible for MassHealth CommonHealth if they meet

the categorical and financial requirements in 130 CMR 505.004 or MassHealth Family Assistance if they meet the categorical and financial requirements in 130 CMR 505.005.

~~(a) nonqualified aliens described in 130 CMR 504.002(E) (nonqualified aliens are not required to furnish or apply for a social security number);~~

~~(b) aliens with special status described in 130 CMR 504.002(D)(1) who are under age 19 and are eligible for premium assistance under MassHealth Family Assistance; or~~

~~(c) aliens with special status who are adults described in 130 CMR 504.002(F)(2)(d).~~

~~(23)~~ Persons eligible for Limited coverage are eligible for medical benefits as described in 130 CMR 450.105(G): *MassHealth Limited*. These ~~aliens~~ individuals are eligible for medical benefits under Limited only to the extent that such benefits are not covered by their health insurance.

~~(3) Aliens lawfully admitted for a temporary purpose such as students, visitors, and diplomats are eligible for Limited coverage if they meet all other eligibility requirements including residence.~~

~~(4) A child born to a woman who was receiving MassHealth Limited on the date of the child's birth is automatically eligible for MassHealth Standard for one year.~~

~~(5) Aliens with special status who are eligible for MassHealth Essential in accordance with 130 CMR 505.007(E) are automatically eligible for MassHealth Limited.~~

(C) Use of Potential Health Insurance Benefits. All individuals who meet the requirements of 130 CMR 505.006, must use potential health insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than he or she would pay without access to health insurance. Members must access those other health insurance benefits and must show both their private health-insurance card and their MassHealth card to providers at the time services are provided

(B) Medical Coverage Date.

(1) The medical coverage date for MassHealth Limited begins on the 10<sup>th</sup> day before the date a Medical Benefit Request application is received ~~at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site~~, if all required verifications, including a completed disability supplement, have been received within ~~60~~ 90 days of the date of the Request for Information.

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(2) If these required verifications listed on the Request for Information are received after the ~~6090~~-day period referenced in 130 CMR ~~505.008~~505.006(B)(1), the begin date of medical coverage is 10 days before the date on which the verifications were received, if these verifications are received within one year of receipt of the ~~MBR~~application.

~~(CE)~~ Referral to Children's Medical Security Plan—MassHealth submits the names of children who are eligible for MassHealth Limited coverage to the Children's Medical Security Plan.

~~(D)~~ Referral to Healthy Start Program. MassHealth submits names of pregnant women who are eligible for MassHealth Limited coverage to the Healthy Start Program.

#### 505.0079: MassHealth Senior Buy-In and Buy-In

(A) MassHealth Senior Buy-In and Buy-In coverage are available to Medicare beneficiaries who are not eligible for MassHealth Standard, in accordance with 130 CMR 519.010: MassHealth Senior Buy-In and 519.011: MassHealth Buy-In. MassHealth Standard members receive this benefit under 130 CMR 505.002(~~GO~~). MassHealth CommonHealth members receive this benefit in accordance with 130 CMR 505.004(L).

(B) Income and assets for benefits provided under 130 CMR 519.010: MassHealth Senior Buy-In and 519.011: MassHealth Buy-In are determined in accordance with 130 CMR 520.000: Financial Eligibility.

#### 505.008: MassHealth CarePlus

##### (A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults age 21 to 64.

(2) Persons eligible for MassHealth CarePlus direct coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: Managed Care Requirements.

- (a) The individual is an adult between the age of 21 through 64;
- (b) The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified alien, as described in 130 CMR 504.003(A)(1): Qualified Aliens;
- (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133 percent of the federal poverty level;
- (d) The individual is ineligible for MassHealth Standard; and
- (e) The adult complies with 130 CMR 505.008(C).
- (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

##### (B) Eligibility Requirements for certain EAEDC recipients.

(1) Eligibility Requirements. Individuals are eligible for CarePlus for certain EAEDC recipients if:

- a. The individual is an adult age 21 through 64;
- b. The individual receives EAEDC cash assistance;
- c. The individual is uninsured; and
- d. The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified alien, as described in 130 CMR 504.003(A)(1): Qualified Aliens.

(2) Eligibility End Date. Individuals whose EAEDC cash assistance ends and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth CarePlus until a determination of ineligibility is made by the MassHealth agency.

(C) Use of Potential Health Insurance Benefits. All individuals who meet the requirements of 130 CMR 505.008 must use potential health-insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care* and must enroll in health insurance, if available at no greater cost to the applicant or member than he or she would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.008(E) or 506.012: *Premium Assistance Payments*. Members must access those other health-insurance benefits and must show both their private health-insurance card and their MassHealth card to providers at the time services are provided

(D) Access to Employer-Sponsored Insurance and Premium Assistance Investigations.

(1) MassHealth may perform an investigation to determine if individuals receiving MassHealth CarePlus have health insurance that MassHealth can help pay for or to determine if an individual has access to employer-sponsored insurance that MassHealth wants the individual to enroll and will help pay for, as described in 130 CMR 506.012: *Premium Assistance Payments*.

(a) When MassHealth determines an individual should have an investigation, the member will receive MassHealth CarePlus fee-for-service benefits for a time-limited period while MassHealth investigates the insurance.

(i) Investigations for Individuals Who Have Health Insurance. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth CarePlus Premium Assistance Payments as described at 130 CMR 506.012: *Premium Assistance Payments*. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth CarePlus.

(ii) Investigations for Individuals Who Have Potential Access to Employer-Sponsored Health Insurance. If MassHealth determines the individual has access to employer-sponsored insurance and the employer is contributing at least 50% of the premium cost and the insurance meets all other criteria described in 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that they must enroll in this employer-sponsored coverage. MassHealth will allow the individual up to 60 days to enroll in this coverage. Once enrolled in the health insurance plan, MassHealth will provide MassHealth CarePlus Premium Assistance Payments as described at 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer sponsored health insurance plan at the request of MassHealth will result in loss or denial of eligibility for all individuals.

(2) If MassHealth determines the individual has does not have access to employer-sponsored insurance, the member will be notified in writing of his or her continued eligibility for MassHealth CarePlus.

(E) MassHealth CarePlus Coverage Begin Date

(1) The MassHealth CarePlus coverage start date begins on the 10th day before the date the application is received if all required verifications have been received within 90 days of the date of the Request for Information.

(2) If these required verifications listed on the Request for Information are received after the 90-day period referenced in 130 CMR 505.008(E)(1), the begin date of MassHealth CarePlus coverage is 10 days before the date on which the verifications



were received, if such verifications are received within one year of receipt of the application.

(3) Provisional Eligibility is described in 130 CMR 502.003(E): *Post-Eligibility Verification*.

(F) Medically Frail. If an individual is determined medically frail or is an individual with special medical needs and is determined eligible for MassHealth CarePlus as described in 130 CMR 505.008, the individual may elect to receive MassHealth Standard benefits.

- (1) To be considered medically frail or a person with special medical needs, an individual must be:
- (a) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);
  - (b) an individual with a chronic substance use disorder;
  - (c) an individual with a serious and complex medical condition;
  - (d) an individual with a physical, intellectual or developmental disability that significantly impairs his or her ability to perform 1 or more activities of daily living;  
or
  - (e) an individual with a disability determination based on Social Security criteria.

505.009: MassHealth Small Business Employee Premium Assistance

(A) Overview. 130 CMR 505.009 contains the categorical requirements and financial standards for MassHealth Small Business Employee Premium Assistance. This coverage type provides coverage to individuals aged 19 to 64 through premium assistance payments.

(B) Eligibility Requirements. An individual is eligible for MassHealth Small Business Employee Premium Assistance if they meet the criteria below.

- (1) The individual is eligible if
- (a) the individual's modified adjusted gross income of the MassHealth MAGI household is greater than 133 and less than or equal to 300 percent of the federal poverty level (FPL);
  - (b) the individual is aged 19 through 64;
  - (c) the individual is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or qualified alien as defined in 130 CMR 504.003(A)(1): *Qualified Aliens*;
  - (d) the individual is ineligible for MassHealth Standard, CommonHealth, CarePlus, Family Assistance, or for a Qualified Health Plan with Premium Tax Credits;
  - (e) the individual works for a small employer that employs 50 or fewer full-time employees;
  - (f) the individual has access to an employer-sponsored health insurance (ESI) plan that meets the rules described in 130 CMR 506.013(B): *Premium Assistance Eligibility Criteria*; and
  - (g) the individual is either
    - (1) uninsured; or
    - (2) if insured, the individual was a member of the former MassHealth Insurance Partnership program on November 15, 2013.
- (2) Access to Employer-Sponsored Insurance Investigation. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Small Business Employee Premium Assistance have access to employer-sponsored insurance that MassHealth wants the individual to enroll in and will help pay for, as described in 130 CMR 506.013: *MassHealth Small Business Employee (SBE) Premium Assistance Program*.
- (a) Investigations for Individuals Who Have Potential Access to Employer-Sponsored Health Insurance (ESI). When MassHealth determines an individual should have an investigation for potential access to ESI, the individual will be ineligible for a MassHealth benefit until the investigation is complete.
  - (b) Determination of Accessibility. MassHealth will determine the individual has access to employer-sponsored insurance from an employer if
    - (i) the employer offers an individual health-insurance plan for which the



employee contribution costs less than 9.5 per cent of the policyholder's MassHealth MAGI household income but more than the minimum monthly member contribution amount as described in 130 CMR 506.013(C): *Required Member Contribution*;

(ii) the employer is contributing at least 50 per cent of the premium cost; and

(iii) the insurance meets all other criteria described in 130 CMR 506.013:

*MassHealth Small Business Employee (SBE) Premium Assistance Program.*

(c) If the health-insurance plan meets all of the criteria in 130 CMR 505.011(B)(2)(b), the individual is notified in writing that they must enroll in employer sponsored coverage that meets the criteria described in 130 CMR 506.013(B): *Premium Assistance Eligibility Criteria.*

(d) If MassHealth determines the individual has access to employer-sponsored insurance from an employer

(i) MassHealth will allow the individual up to 60 days to enroll in this coverage.

(ii) Once enrolled in the health insurance plan, MassHealth will provide MassHealth Small Business Employee Premium Assistance Payments as described at 130 CMR 506.013: *MassHealth Small Business Employee (SBE) Premium Assistance Program* and 130 CMR 450.105: *Coverage Types.*

(iii) Failure to enroll in the employer sponsored health insurance plan at the request of MassHealth will result in denial of eligibility for MassHealth.

(C) Enrollment Limits. The MassHealth agency may limit the number of people who can be enrolled in MassHealth Small Business Premium Assistance. When the MassHealth agency imposes such a limit, no new adult applicants (aged 19 or older) subject to these limitations will be added to this coverage type, and current adult members in this coverage type who have lost eligibility for more than 30 days for any reason will not be allowed to reenroll until the MassHealth agency is able to reopen enrollment for adults in this coverage type.